

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF JASON HAAS

Street Address

3422 S. Pennsylvania Ave.

City, State and Zip Code

MILWAUKEE, WI 53207

MILWAUKEE COUNTY
ELECTION COMMISSION

2010 JAN 25 P 12:15

RECEIVED

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing 2010 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special

☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ 5100

\$ 5100

1B. Contributions from Committees (Transfers-In)

\$ 100

\$ 100

1C. Other Income and Commercial Loans

\$ 5.11

\$ 5.11

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 5205.11

\$ 5205.11

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 3148.08

\$ 3148.08

2B. Contributions to Committees (Transfers-Out)

\$ 0

\$ 0

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 3148.08

\$ 3148.08

CASH SUMMARY

Cash Balance Beginning of Report

\$ 0

Total Receipts

\$ 5205.01

Subtotal

\$ 5205.01

Total Disbursements

\$ 3148.08

CASH BALANCE END OF REPORT

\$ 2057.03

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ 0

LOANS (Balance at the Close of This Period-3B)

\$ 5100.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Stacie H. Rosenzweig

Signature of Candidate or Treasurer

Stacie H. Rosenzweig

Date: 1/23/10

Daytime Phone:

414-908-0242

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

 Page 1 of 1

Complete Committee Name

FRIENDS OF JASON HAAS

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
11/09/10	JASON HAAS 3422 S. PENNSYLVANIA MILWAUKEE, WI 53207	NONE	100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
11/23/10	JASON HAAS 3422 S. PENNSYLVANIA MILWAUKEE, WI 53207	NONE	5000.00	5100.00
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

 \$5100⁰⁰

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

 \$5100⁰⁰

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Page 1 of 1

Complete Committee Name FRIENDS OF JASON HAAS

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
11 / 23 / 10	Friends of Greg Kowalski 8817 S. Golden Cr. Franklin, WI 53132 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	100.00	100.00
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 100	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 100.00	

SCHEDULE 1-C

RECEIPTS

Other Income and Commercial Loans

Page 1 of 1

Complete Committee Name
FRIENDS OF JASON HAAS

FRIENDS OF JASON HAAS

Instructions for completing schedules are on the back of each schedule.

[illegible]

SUBTOTAL OTHER INCOME THIS PAGE

05

TOTAL ITEMIZED OTHER INCOME

0

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS

5.01

TOTAL OTHER INCOME

5.01

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page 1 of 1

Complete Committee Name

FRIENDS OF JASON HAAS

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
11/23/10	Democratic Party of Wisconsin 110 King Street Suite 203 Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	Obtain voter access database	507.70
11/23/10	Hogenson Strategies Group 2322 S. Kinnickinnic Ave. Milwaukee, WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	Set up electronic pledge system	290.00
12/2/10	Deluxe for Business 3680 Victoria St North Shoreview, MN 55126 Check if: <input type="checkbox"/> In-Kind Offset	Obtain business checks	88.05
12/9/10	Hogenson Strategies Group 2322 S. Kinnickinnic Ave. Milwaukee, WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	Campaign management, consulting, literature	2,251.37
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 3137.12

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 10.96

TOTAL EXPENDITURES

\$ 3148.08

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

 Page 1 of 1

 Complete Committee Name FRIENDS OF JASON HAAS

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 / 1	JASON HAAS 3422 S. PENNSYLVANIA AVE MILWAUKEE, WI 53207	0	5100 ⁰⁰	0	5100 ⁰⁰

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 / 1					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1 / 1					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

 \$ 5100⁰⁰

TOTAL OUTSTANDING LOANS

 \$ 5100⁰⁰